



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Patent Application

Serial No.	Filing Date	Attorney Docket No.
10/090,514	March 4, 2002	02009-PA

As a result of a reorganization, our firm - - -

ARMSTRONG, WESTERMAN & HATTORI, LLP

has been changed to - - -

ARMSTRONG, KRATZ, QUINTOS, HANSON & BROOKS, LLP

Our address, telephone and facsimile numbers remain the same.

Please send all future communications to:

ARMSTRONG, KRATZ, QUINTOS, HANSON & BROOKS, LLP
502 Washington Avenue, Suite 220
Towson, Maryland 21204
Phone: 410-337-2295
Fax: 410-337-2296

Thank you for your kind attention to this matter.

Respectfully submitted,

Leonard Bloom
Reg. No. 18,369

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JUL 26 2004
TECHNOLOGY CENTER R3700

Dated: 06/21/04

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: Kozlov

Serial No. 10/090,514

Filed: March 4, 2002

For: SELF-STRAIGHTENING STRAW WITH ASSURANCE THAT THE STRAW WILL BEND IN A DESIRED DIRECTION

☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD. FEE	OR	RATE	ADD. FEE
TOTAL	12	MINUS	** 20	0	x 9	\$ -0-		x 18	\$
INDEP	2	MINUS	*** 4	0	x 43	\$ -0-		x 86	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+145	\$		+290	\$
					TOTAL	\$ -0-	OR	TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 02009-PA
FORM PTO-1083

CERTIFICATE OF TRANSMITTAL

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: July 21, 2004

Express Mail Label No. EV539041424US

By: Samuel N. Bates

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TECHNOLOGY CENTER HS700

Robert M. Gamson July 21, 2004
Robert M. Gamson
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